Family Care Encounter Reporting FAQ

1. **What is Encounter reporting?**

   Encounter data are records of individual health care services provided to members of the CMO. Encounter reporting is the collection and electronic submission of this data to the State.

2. **How will encounter reporting benefit Care Management Organizations?**

   Encounter reporting will benefit the CMOs in the many of the following ways:

   - Provide more accurate and timely data than is currently available from HSRS
   - Provide an easier method of data reporting to DHFS for the counties. The source of most of the encounter data will be available within existing claims systems, which will be electronically submitted to the State.
   - More closely resembles the data reporting required for other managed care entities, i. e. acute and primary
   - Matches claim and service reporting requirements in HIPAA, and will reduce re-coding requirements that would be necessary for continued HSRS reporting after the required date for HIPAA compliance.

3. **Will encounter reporting directly affect capitation rates? When?**

   Yes. Encounter data will be one of many components used in the calculation of year 2003 capitation payment rates. Encounter data will be used for rate calculations just as HSRS data is currently used.

4. **Is encounter reporting mandatory for the CMOs?**

   Yes. CMOs will be required to perform all required tasks by the target dates outlined within the project plan. The State will work with the CMOs to set reasonable and realistic deliverables.

5. **What types of data are the CMOs expected to submit?**

   The current plan is to "roll out" encounter reporting in phases. During Phase I of Family Care encounter reporting the CMOs will submit, at minimum, much of the same information they currently submit via HSRS. The State will provide a record layout to the CMOs in which the CMO will populate to the extent their systems will allow. Phase II will incorporate

more stringent guidelines outlining what data can and must be submitted as well as a "feedback loop". Phase II requirements will be discussed in more detail in a later document.

6. What if the CMO currently does not capture a particular data element?

Phase I of encounter reporting will require, at minimum, only a sub-set of HSRS data that the CMOs currently submit. If there are fields within the encounter record layout that the CMO does not currently capture there is no requirement to submit that data. If there are particular non-HSRS data elements which the CMO's system does capture then the CMOs are encouraged to submit that data as well. Phase II will require all counties to submit standard and uniform data but nothing beyond what will already be required of HIPAA. When a CMO becomes HIPAA compliant it is anticipated that all required Phase II data will become available within the CMO's system.

7. What is done with the data collected and how will it be used by the State?

All data received through encounter transmissions will be stored within the MEDS data warehouse for an indefinite amount of time. Currently, it is anticipated the State will use the information for the following purposes:

- Update and evaluate service costs for business or operation management.
- Update and evaluate capitation payment rates.
- Provide a source of data for federal reporting.
- Monitor program integrity, i.e. service utilization, access to care, etc…
- Monitor the quality of care.

8. Will encounter reporting eliminate all my HSRS reporting requirements?

No. Encounter reporting will only eliminate the need to enter data into the Family Care HSRS system. CMOs should continue all their other HSRS related activities.

9. How much will encounter reporting cost to setup and maintain?

The anticipated costs for the counties to move to an encounter reporting system should be minimal. While it is impossible to give precise dollar figures there are broad categories the CMOs should be aware of when discussing encounter reporting.

Costs will likely be incurred in the following areas:
- Development of file / file mapping and layout. Some development costs will be incurred by the counties, as well as by the state.
- Testing. Testing in the first phase is expected to be minimal from the county perspective; the state will incur most of the testing effort.
- File changes (none anticipated for Phase I). Some file changes may be required at the county level however; the state hopes for a minimal impact in this area by only requiring HSRS-type information that is currently being reported.

- Monthly generation. Monthly generation of the file will occur whether HSRS or encounter reporting is done. The counties have indicated that monthly generation of the information and transmission of the file for encounter reporting will be less labor-intensive than the current HSRS process, resulting in a cost savings for the counties.
- Feedback follow-up on transmissions. The feedback loop for validating transmissions is not likely to be implemented in the first version of this project. Future phases of the development of encounter reporting will need to consider this more fully.
- Auditing. The encounter reporting team does not anticipate any auditing of the data to occur at least until feedback validation is in place.

10. What is the impact of HIPAA on encounter reporting?

HIPAA guidelines continue to change so it is difficult to anticipate what the final HIPAA compliant encounter record may look like but ultimately encounter reporting will follow a HIPAA format similar to the 837 Health Care Claim Transaction. The encounter record layout the CMOs receive from the State will be compliant under current HIPAA guidelines but be advised the CMOs will not be required to transmit HIPAA compliant data until October, 2003. Also, HIPAA may impose regulations governing the many code sets that are currently in use by the CMOs and these changes may have a direct impact on the way CMOs capture and submit data. The State will continue to monitor HIPAA regulations as they become available and advise the CMOs as necessary.

*** If you have any questions/concerns that you would like added to this FAQ please submit them to the BIS Team via Ron Wollner. ***